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|                        |  |
|------------------------|--|
| Attorney Docket No.    | 92815pus                                   |
| First Inventor         | Michael J. Walsh                           |
| Title                  | A REMOVABLE BACK SUPPORT APPARATUS FOR USE |
| Express Mail Label No. |  |

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

*See MPEP chapter 600 concerning utility patent application contents.*

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) [Total Pages  ]  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages  ]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table,  
or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets  ]
5. Oath or Declaration [Total Pages  ]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Nonpublication Request under 35 U.S.C. 122  
b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.

17. ☒ Other: Power of Attorney

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: /

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**FOR CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ *Customer Number or Bar Code Label*

or ☐ Correspondence address below

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|                   |                     |
|-------------------|---------------------|
| Name (Print/Type) | Patrick J. Hofbauer |
|-------------------|---------------------|

|                                   |        |
|-----------------------------------|--------|
| Registration No. (Attorney/Agent) | 32.336 |
|-----------------------------------|--------|

*Signature*

Date \_\_\_\_\_

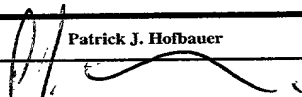
**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

|   |  |                          |                  |
|---|--|--------------------------|------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |                  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | n/a              |
|   |  | Filing Date              | n/a              |
|   |  | First Named Inventor     | Michael J. Walsh |
|   |  | Examiner Name            | n/a              |
|   |  | Group Art Unit           | n/a              |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>\$370.00</b>          |                  |
|   |  | Attorney Docket No.      | 92815pus         |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
|--|---|----------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|-----------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|---------------------|-----|--------|-----|--------|---|--------------|-----|----------------|-----|----------|--|--|-----|-----|-----|-----------|---|------|------|--------------------|-------------|-----|--|------|--------------------|-------|-----|------|---|--------------|-----|--------------|-----|-----------------|--|----------|----------|----------|----------|-----|------------------|-----|-----|------------------------|-----|-----|--|-----|-----|-----------------------------------|-----|-----|--------------------------|-----|-----|---------------------------------------|-----|-------|---|-----|-----|--|-----|-----|----------------------------------|-----|-----|--|-----|---------------------|------------------------------------|--|-----|-------|---------------|---|--------------------------------|--|--------------|-----|-----------------|----------|------------------|----------|----------|----------|-----|-----|-----------------|----|-------------------------------------|-----|-----|-----|-------------------------------|----|--|----|-----|-----|---------------------------------------|-----|-----------------------------|-----|-----|-------|--|-------|--|----|-----|------|--|------|--|-----|-----|--------|---|--------|---|-----|-----|-----|--|----|--|-----|-----|-----|---|-----|---|-----|-----|-----|---|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number: <b>08-2460</b><br>Deposit Account Name: <b>Patrick J. Hofbauer</b><br>The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.   | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non - English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> | Large Entity   |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non - English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115 | 110            | 215 | 55       | Extension for reply within first month |  | 116 | 400 | 216 | 200       | Extension for reply within second month |      | 117  | 920                | 217         | 460 | Extension for reply within third month |      | 118                | 1,440 | 218 | 720  | Extension for reply within fourth month |              | 128 | 1,960        | 228 | 980             | Extension for reply within fifth month |          | 119      | 320      | 219      | 160 | Notice of Appeal |     | 120 | 320                    | 220 | 160 | Filing a brief in support of an appeal |     | 121 | 280                               | 221 | 140 | Request for oral hearing |     | 138 | 1,510                                 | 138 | 1,510 | Petition to institute a public use proceeding |     | 140 | 110  | 240 | 55  | Petition to revive - unavoidable |     | 141 | 1,280  | 241 | 640                 | Petition to revive - unintentional |  | 142 | 1,280 | 242           | 640   | Utility issue fee (or reissue) |  | 143          | 460 | 243             | 230      | Design issue fee |          | 144      | 620      | 244 | 310 | Plant issue fee |    | 122                                 | 130 | 122 | 130 | Petitions to the Commissioner |    | 123  | 50 | 123 | 50  | Processing fee under 37 CFR § 1.17(q) |     | 126                         | 180 | 126 | 180   | Submission of Information Disclosure Statement |       | 581  | 40 | 581 | 40   | Recording each patent assignment per property (times number of properties) |      | 146  | 740 | 246 | 370    | Filing a submission after final rejection (37 CFR § 1.129(a)) |        | 149   | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |    | 179                                    | 740 | 279 | 370 | Request for Continued Examination (RCE) |     | 169                                     | 900 | 169 | 900 | Request for expedited examination of a design application |     | Other fee (specify) _____              |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 105  | 130   | 205            | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 127  | 50  | 227            | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 139  | 130   | 139            | 130          | Non - English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 147  | 2,520   | 147            | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 112  | 920*  | 112            | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 113  | 1,840*  | 113            | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 115  | 110   | 215            | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 116  | 400   | 216            | 200          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 117  | 920   | 217            | 460          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 118  | 1,440   | 218            | 720          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 128  | 1,960   | 228            | 980          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 119  | 320   | 219            | 160          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 120  | 320   | 220            | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 121  | 280   | 221            | 140          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 138  | 1,510   | 138            | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 140  | 110   | 240            | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 141  | 1,280   | 241            | 640          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 142  | 1,280   | 242            | 640          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 143  | 460   | 243            | 230          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 144  | 620   | 244            | 310          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 122  | 130   | 122            | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 123  | 50  | 123            | 50           | Processing fee under 37 CFR § 1.17(q)                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 126  | 180   | 126            | 180          | Submission of Information Disclosure Statement                             |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 581  | 40  | 581            | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 146  | 740   | 246            | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 149  | 740   | 249            | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 179  | 740   | 279            | 370          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 169  | 900   | 169            | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Other fee (specify) _____  |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>\$370.00</b></td></tr> </tbody> </table> <h3>2. EXTRA CLAIM FEES FOR UTILITY AND</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>10</td> <td>-20** = 0</td> <td>X</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1 - 3** = 0</td> <td>X</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>\$0.00</b></td></tr> </tbody> </table> | Large Entity  |                | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 740 | 201 | 370 | Utility filing fee | 370.00                              | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |                             | 108 | 740 | 208   | 370 | Reissue filing fee |  | 114 | 160 | 214  | 80  | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |     |        |     |        | <b>\$370.00</b>                                     | Extra Claims |     | Fee from below |     | Fee Paid | Total Claims                           |  |     |     | 10  | -20** = 0 | X                                       | 0.00 | 0.00 | Independent Claims | 1 - 3** = 0 | X   | 0.00                                   | 0.00 | Multiple Dependent |       |     | 0.00 | 0.00                                    | Large Entity |     | Small Entity |     | Fee Description | Fee Paid                               | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18               | 203 | 9   | Claims in excess of 20 |     | 102 | 84                                     | 202 | 42  | Independent claims in excess of 3 |     | 104 | 280                      | 204 | 140 | Multiple dependent claim, if not paid |     | 109   | 84  | 209 | 42  | ** Reissue independent claims over original patent |     | 110 | 18                               | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |                                    |  |     |       | <b>\$0.00</b> | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non - English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td><td></td></tr> </tbody> </table> | Large Entity                   |  | Small Entity |     | Fee Description | Fee Paid | Fee Code         | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205             | 65 | Surcharge - late filing fee or oath |     | 127 | 50  | 227                           | 25 | Surcharge - late provisional filing fee or cover sheet |    | 139 | 130 | 139                                   | 130 | Non - English specification |     | 147 | 2,520 | 147  | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112 | 920* | 112  | 920* | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840* | 113   | 1,840* | Requesting publication of SIR after Examiner action |     | 115 | 110 | 215  | 55 | Extension for reply within first month |     | 116 | 400 | 216                                     | 200 | Extension for reply within second month |     | 117 | 920 | 217   | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR § 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 101  | 740   | 201            | 370          | Utility filing fee   | 370.00          |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 106  | 330   | 206            | 165          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 107  | 510   | 207            | 255          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 108  | 740   | 208            | 370          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 114  | 160   | 214            | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |   |                |              |  | <b>\$370.00</b> |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Extra Claims   |   | Fee from below |              | Fee Paid   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Total Claims   |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 10   | -20** = 0   | X              | 0.00         | 0.00   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Independent Claims   | 1 - 3** = 0   | X              | 0.00         | 0.00   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Multiple Dependent   |   |                | 0.00         | 0.00   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 103  | 18  | 203            | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 102  | 84  | 202            | 42           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 104  | 280   | 204            | 140          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 109  | 84  | 209            | 42           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 110  | 18  | 210            | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |   |                |              |  | <b>\$0.00</b>   |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Large Entity   |   | Small Entity   |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 105  | 130   | 205            | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 127  | 50  | 227            | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 139  | 130   | 139            | 130          | Non - English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 147  | 2,520   | 147            | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 112  | 920*  | 112            | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 113  | 1,840*  | 113            | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 115  | 110   | 215            | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 116  | 400   | 216            | 200          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 117  | 920   | 217            | 460          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 118  | 1,440   | 218            | 720          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 128  | 1,960   | 228            | 980          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 119  | 320   | 219            | 160          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 120  | 320   | 220            | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 121  | 280   | 221            | 140          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 138  | 1,510   | 138            | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 140  | 110   | 240            | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 141  | 1,280   | 241            | 640          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 142  | 1,280   | 242            | 640          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 143  | 460   | 243            | 230          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 144  | 620   | 244            | 310          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 122  | 130   | 122            | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 123  | 50  | 123            | 50           | Processing fee under 37 CFR § 1.17(q)                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 126  | 180   | 126            | 180          | Submission of Information Disclosure Statement                             |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 581  | 40  | 581            | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 146  | 740   | 246            | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 149  | 740   | 249            | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 179  | 740   | 279            | 370          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| 169  | 900   | 169            | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| Other fee (specify) _____  |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |
| <b>SUBTOTAL (3)</b>  |   |                |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                             |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |                |     |          |  |  |     |     |     |           |   |      |      |                    |             |     |  |      |                    |       |     |      |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |                     |                                    |  |     |       |               |   |                                |  |              |     |                 |          |                  |          |          |          |     |     |                 |    |                                     |     |     |     |                               |    |  |    |     |     |                                       |     |                             |     |     |       |  |       |  |    |     |      |  |      |  |     |     |        |   |        |   |     |     |     |  |    |  |     |     |     |   |     |   |     |     |     |   |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                       |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

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|-------------------|---|-----------------------------------|----------------|
| SUBMITTED BY      |   | Complete (if applicable)          |                |
| Name (Print/Type) | Patrick J. Hofbauer   | Registration No. (Attorney/Agent) | 32,336         |
| Signature         |  | Telephone                         | (905) 634-0040 |
|                   |   | Date                              | Feb. 29/02     |

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